

FILED JUN 3 1944

State File No.

Registration District No.

Primary Registration District No. 1002

Registrar's No.

2231

## 1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3221 East 51st. Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 35 years  
years, months or days

## 3. (a) PRINT

FULL NAME Cornelia Milligan

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Francois M. Milligan 6. (c) Age of husband or wife if alive 4 years  
7. Birth date of deceased 1 - 17 - 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 4 5 hr. min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

## 11. Industry or business

12. Name Louis Cope  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Harvey  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Spayer  
(b) Address 3221 E. 51st St.  
17. (a) Burial (b) Date thereof 5-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill F.C. Mo  
18. (a) Signature of funeral director Mrs. G. H. Roberson  
(b) Address 918 Brooklyn, Kansas City, Mo.  
19. (a) 5-23-44 (b) D. E. Burton  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3221 East 51st. Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd.  
year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1940 to May 22, 1944  
that I last saw her alive on May 22, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular renal failure Duration 9 days

Due to Albuminuria 4 mo

Due to Primary Cancer of Bladder 4 mo  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Major findings:

Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature E. D. Reese (M, D, or other) MD  
Address 3209 7612 Date signed 5-23-44

3309-3-12  
Ch. 1247  
2-6-7 from Coroner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Wm K. Jackson*

Licensed Embalmer No. ....

*3954*

P. O. Address.....

*K, C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.